



# MENOPAUSE AND THE WORK LIFE BALANCE

Prof. Dr. Mrs. Shribala V. Deshpande

M.A, M. Phil, Ph.D, (Head of Department, Home Economics), S. K. Porwal Mahavidyalay, Kamptee, Dist. Nagpur.

## ABSTRACT

The menopause is an unavoidable fact that all women go through. However, for many women this natural process is a time of anxiety and distress due to the various symptoms that can accompany it. Women are an important and an integral part of the society. We just cannot function without her. She is a daughter, a wife, a mother, a friend, a sister, a grandmother. There are many health issues they may experience over the course of our lives that can affect their ability to do jobs – but often, the menopause may not be something that immediately springs to mind. Women are living longer, working more and retiring later. Most of them are over 50-year-old in various forms of employment are women, all of whom will experience the menopause and its symptoms, which in some women will be mild to moderate, while in others they may be severe and debilitating. About half of these women will find it somewhat, or fairly difficult, to cope with their work, about half will not be affected and only a few will be severely compromised. Poor concentration, tiredness, poor memory, depression, feeling low, lowered confidence, sleepiness and particularly hot flushes are all cited as contributing factors. As with any longstanding health-related condition, the need for support and understanding from line management is crucial and can make a major difference to how a woman will deal with the adverse impact the menopausal symptoms may have on her productivity, her job satisfaction and her efficiency.

**KEY WORDS:** menopause, Poor concentration, tiredness, depression, anxiety, distress.

## INTRODUCTION

The menopause refers to that time in every woman's life when her periods stop and her ovaries lose their reproductive function. Usually, this occurs between the ages of 45 and 55. In a few exceptional cases women may become menopausal in their 30s, or even younger. This is then known as a premature menopause, or premature ovarian insufficiency. The menopause is influenced by hormones – or more correctly, by a change in hormone levels. During a woman's fertile years, her ability to produce an egg each month is associated with the release of reproductive hormone known as oestrogen. The monthly period happens as there is no implantation and hence no pregnancy is detected, so the lining of the womb is shed. As women get older, their store of eggs in the ovary decreases and their ability to conceive diminishes. At this time, less oestrogen is produced, causing the body to behave differently. However the body does not stop producing oestrogen overnight, and the process can even take several years, during which symptoms arise gradually. This gradual change is called the 'peri-menopause'. At around the age of 40-55 years, the monthly cycle stops completely – so there is no more ovulations, no more periods and no more pregnancies. This phase is the menopause. Menopause is a point in time and not a process- it is the time point in at which a woman's last period ends. Of course, a woman will not know when that time point has occurred until she has been 12 consecutive months without a period. It is important to remember that each woman's experience is highly individual. Some women may experience few or no symptoms of menopause, while others experience multiple physical and psychological symptoms. The extent and severity of symptoms varies significantly among women. It is also important to remember that symptoms may come and go over an extended time period for some women. This, too, is highly individual.

## AIM OF THE STUDY

The main aim of this study is to find whether women are aware about the changes that take place during menopause and also to find the effect of workplace pressure on women over those who are housewives. And also to find whether the urban women are more prepared and aware than the rural women.

## OBJECTIVES OF THE STUDY

To determine the awareness among women on overall health, and problems they face during menopause.

- To compare the awareness of the subject among rural women and urban women.
- To find out the effect of workplace pressure on working women and housewives in their menopause.

## HYPOTHESIS

Awareness regarding menopause would offer higher benefits in improving work place conditions and managing and reducing stress levels in women.

Awareness among rural and urban women would improve their mental and health status.

## SAMPLE

500 women in the age group of 40-50 were selected, 250 were working while 250 were non working. 250 women were from rural area while 250 were from urban area.

## METHOD

Bisht Battery of Stress Scale (BBSS) was constructed and standardized by Dr. Abha Rani Bisht (Almora). The battery has been designed to find out the stress. The battery contained the different thirteen scales of the stress.

## WHAT HAPPENS AND HOW DOES IT FEEL DURING MENOPAUSE?

For some women this loss of reproductive ability may be deeply felt, and for all women the menopause is a personal experience, not just a medical condition. However, the diminishing release of oestrogen from the ovary as women advance into their 40s is often the cause of symptoms which can be distressing and may need medical attention.

Hot flushes are the most common symptom of the menopause, occurring in three in every four menopausal women. Other common symptoms include night sweats, sleeplessness, vaginal dryness, irritated skin, more frequent urinary incontinence and urinary tract infections, low mood and a reduced interest in sex. Symptoms vary hugely in duration, severity and what impact they have between women. Formication can be defined as itchy skin or a crawling feeling as though tiny insects are on the body. This usually occurs early in the menopause or soon after the last period and does eventually disappear on its own.

All the common symptoms of the menopause are associated with a decrease in the body's production of oestrogen. Oestrogen lack can affect many parts of the body, including the brain, causing changes in emotional well-being, and the skin, influencing its elasticity and thickness. Once the ovaries have ceased their production of oestrogen, other changes take place which may have more of an effect on long-term health. Most commonly these changes affect the strength and density of bones, increasing the risk of the bone-thinning disease osteoporosis. The bones of the female skeleton depend on oestrogen to maintain their strength and resistance to fracture. However, while there's no mistaking a hot flush or vaginal dryness, there are no obvious symptoms of osteoporosis – the first sign is usually the fracture of a bone. It's for this reason that osteoporosis has been called "the silent epidemic". There is also some evidence that oestrogen deficiency is the cause of some chemical changes in the body which make women after the menopause especially vulnerable to heart disease and stroke.

## MENOPAUSE AND WORK

The working environment can worsen menopausal symptoms and increase stress at work. Problems are often caused by high workplace temperatures, poor ventilation, non-existent rest or toilet facilities and lack of access to cold drinking water. Be aware that the temperature in a workplace can exacerbate the symptoms of menopause. Offer women more control over their immediate work environment, such as allowing them to adjust temperatures.

There are many health issues women may experience over the course of our lives that can affect the ability to do their jobs – but often, the menopause may not be something that immediately springs to mind. Almost 250 working women were surveyed about the effect the menopause had on their working lives. Over 50% of women found that the menopause had had a detrimental impact upon their work, with hot flushes, poor concentration, tiredness, poor memory, feeling low or depressed and lowered confidence being the most problematic symptoms.

Evidently, symptoms such as these could strongly impact a woman's ability to perform her work duties to the best of her ability. But menopause is still often seen as a taboo subject and not a matter for discussion at work.

So what can employers do to ensure they are properly supporting their staff members who may be going through the menopause? Firstly, they could ensure that all managers should be trained to be aware of how the menopause can affect working women and what adjustments may be necessary to support them. These are likely to be minimal for most women, and would only be required on a temporary basis.

Information about the menopause could also be shared with staff as part of wider occupational health strategies, to ensure that any staff members who may go through the menopause while working at the company know that the organisation operates an open, positive attitude towards the issue, which will help to reduce stigma and embarrassment.

Additionally, if any risk assessments are undertaken in the workplace, the potential symptoms and needs of menopausal women should form a part of this. Employers could also consider offering flexible working for those struggling with menopausal symptoms. Women going through the menopause should be given time off work to deal with their symptoms and be provided with cooler workplaces. These are likely to include 'flexibility of working hours and arrangements to help manage symptoms', 'improvements in workplace temperature and ventilation', and a 'greater awareness among managers of the menopause as a possible occupational health issue'. About a quarter of women will experience menopausal symptoms that adversely affect their personal and working lives.

Menopause remains a taboo topic in many workplaces. Women don't want to admit they are going through it. Men don't want to talk about "women's health issues." It's discussed so little that most people are unaware of the workplace impact until they know someone going through menopause, or are experiencing it themselves. The menopause is a natural part of life, but it can feel like a great taboo. It is inexcusable that women who are experiencing symptoms should feel unable to discuss how they are feeling at work.

#### HOW EMPLOYERS CAN HELP?

1. Relocation of desks closer to opening windows;
2. More control over heating thermostats;
3. Provision of desk fans;
4. Plentiful supply of cold water;
5. Fore frequent toilet breaks;
6. Flexible working arrangements;
7. The need for more toilet breaks

#### DATA ANALYSIS

TABLE SHOWING COMPARISON BETWEEN WORKING WOMEN & NON WORKING WOMEN

LEVEL OF SOCIAL ADJUSTMENT	WORKING WOMEN	%	NON WORKING WOMEN	%	Z	P
	NO. OF WOMEN		NO. OF WOMEN			
EXCELLENT	22	8.8	35	14	-1.8293	NS
GOOD	64	25.6	153	61.2	-8.0307	< 0.05
SATISFACTORY	132	52.8	46	18.4	8.0324	< 0.05
LESS SATISFACTORY	27	10.8	12	4.8	2.5015	< 5.05
NOT SATISFACTORY	5	2	4	1.6	0.3364	NS
TOTAL	250	100	250	100		

From the above table it was observed that the social adjustment in working women (< 0.05) was better than non working women.

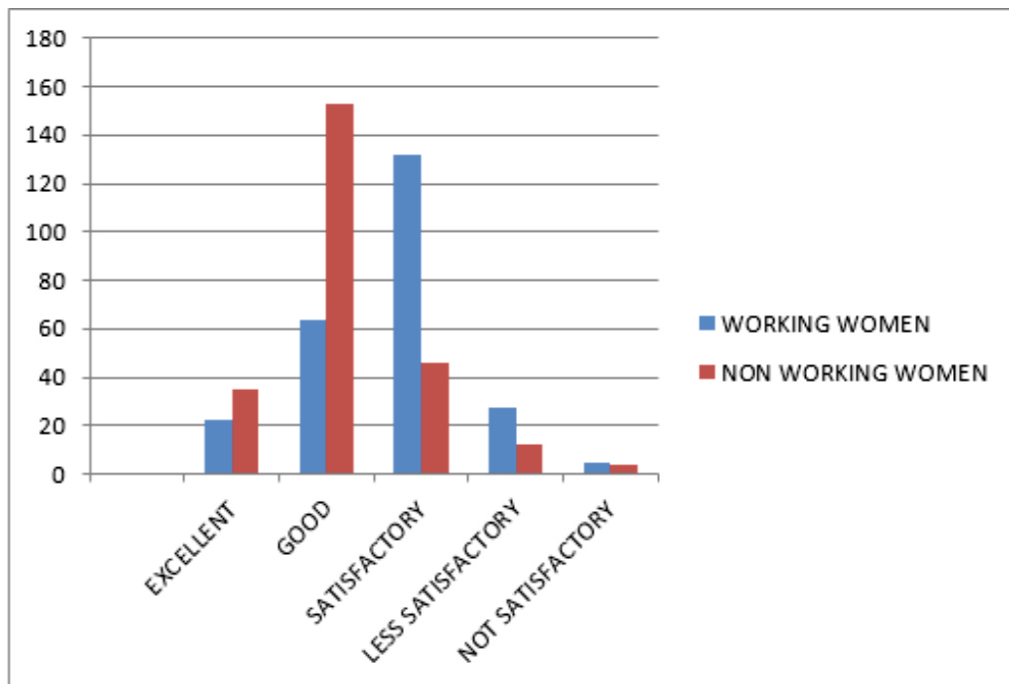
The health impacts of the menopause on woman's physiological and physical wellbeing can affect how they work, their relationships with colleagues and productivity. More specifically, menopausal symptoms such as night sweats, insomnia, lack of concentration and forgetfulness can lead to problems with work performance, difficulties in making decisions and decreased confidence, so excellent line-management and a supportive and understanding culture is key. Communicating health issues Menopause is still seen as a private issue. For some, discussing the transition into menopause is a difficult subject to be open about. This means there is very little understanding amongst line-managers and colleagues of the physical and emotional issues, and how these affect women at work.

#### MENOPAUSAL PROBLEMS AMONG RURAL AND URBAN WOMEN

Analysis revealed that rural-urban residential status and duration of breastfeeding of child were significant predictors of age at menopause. Residential and literacy status, duration of breast feeding of child, and husband's awareness about the menopausal status of spouse were significant predictors of some of the menopausal symptoms. Residential and literacy status, duration of breast feeding of child, and husband's awareness about the menopausal status of spouse were significant predictors of some of the menopausal symptoms. A number of studies have shown that biological (e.g., genetic, nutritional, and reproductive history); sociocultural (e.g., educational, occupational, smoking habit and rural-urban residence); and lifestyle (e.g., smoking and use of tobacco and dietary habits) factors affect the age of menopause (Bernis & Reher, 2007; Brambilla & McKinaly, 1989; Kaw et al., 1994; Luoto, Kaprio, & Uutela, 1994; Nagel, Altenburg, Dasgupta & Ray, 2009 Journal of Social, Behavioral, and Health Sciences 21 Nieters, Boffetta, & Linseisen, 2005; Parazzini, 2007; Whelan, Sandler, McConaughy, & Weinberg, 1990). During the transition to menopause, women may experience vasomotor, urogenital, psychosomatic, and psychological symptoms, as well as sexual dysfunction.

It was observed that more than half of the urban women were employed and that a majority of the rural women were homemakers. The employed urban women were engaged in professions such as teaching and office jobs, whereas the employed rural women were mostly engaged as skilled or unskilled labourers. A significant rural-urban difference was observed in the literacy status of the participants. The house types varied widely between the rural and urban groups. All of the participants from the urban area lived in concrete houses, but most of the rural participants lived in mud built houses. The number of extended family members in most of the households of both the groups varied between one and four. The monthly household income of half of the women of the rural and urban areas was less than Rs. 1,700 and Rs. 10,000, respectively. There was a significant rural - urban difference regarding awareness of the husbands about the menopause. The mean number of live births of the rural women was significantly higher than that of the urban women. With respect to family planning practices, more than 85% of the women from both groups did not use oral contraceptive pills. Twice the number of women from the rural areas experienced fetal loss as compared to their urban counterparts. A large section of the women from both groups had breastfed their last child for more than 1 year, and the frequency of adopting such a practice was pronounced among the rural women than the urban women. More than half of the women from the rural areas had more than two children, as compared to those of the urban areas. Regarding the menstrual history of the participants, more than 85% of the women from both groups experienced a regular menstrual cycle, and half of them reported menstrual pain at the time of menstrual discharge. The frequency of reporting a heavy discharge was higher among the rural women than their urban counterparts. The rural women reported psychological symptoms such as depression, tension, forgetfulness, and a lack of concentration more frequently than the urban women did. However, only the problem of depression seemed to be significantly four times higher among the rural women than the urban women.

## GRAPHICAL REPRESENTATION OF THE ABOVE TABLE

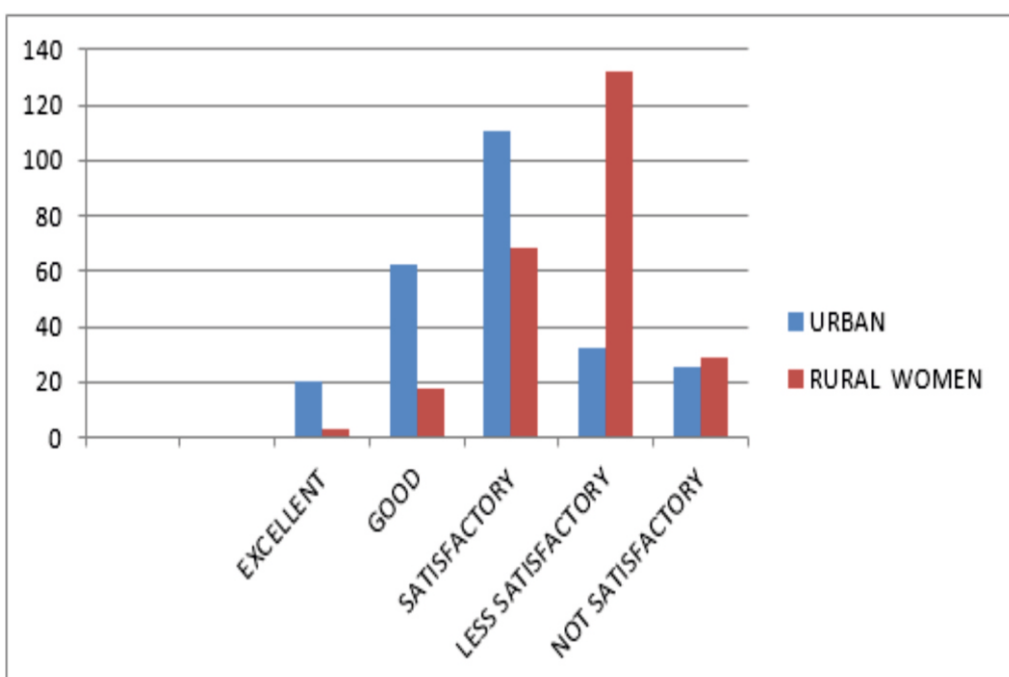


## COMPARISON BETWEEN WORKING WOMEN &amp; NON WORKING WOMEN

TABLE SHOWING COMPARISON BETWEEN URBAN WOMEN &amp; RURAL WOMEN

LEVEL OF SOCIAL ADJUSTMENT	URBAN WOMEN	%	RURAL WOMEN	%	Z	P
	NO. OF WOMEN		NO. OF WOMEN			
EXCELLENT	20	8	3	1.2	-1.3538	NS
GOOD	62	24.8	18	7.2	-6.4233	< 0.05
SATISFACTORY	111	44.4	68	27.2	4.0112	< 0.05
LESS SATISFACTORY	32	12.8	132	52.8	2.087	< 0.05
NOT SATISFACTORY	25	10	29	11.6	4.279	< 0.05
TOTAL	250	100	250	100		

## GRAPHICAL REPRESENTATION OF THE ABOVE TABLE



## COMPARISON BETWEEN URBAN WOMEN &amp; RURAL WOMEN

**DISCUSSION**

From the above findings it is observed that the level of social adjustment in working women is higher than non working women. It was also observed that the working women were healthier, focused and had a positive attitude. They were cheerful and active during their menopause period. Non working women suffered from depression and mood swings more than the working ladies. The working women, in their menopause were more active than the non working women. Most of the working women consulted doctors and followed their advice while the non working women were unable to cope with the situation. Many were ignorant and had no family support.

**CONCLUSION& RECOMMENDATION**

From the data analyzed it is understood that women do not get the much needed support in their menopause period from their family or at their workplace. It is recommended that this cause should be taken up and awareness among women and the society should be brought. Workplace rules should be flexible for these women and proper arrangements should be done to cope up the problem. Doctors should be appointed to help these women get proper advice. There should be awareness drives and campaigns in various parts of the cities and villages so that more women would be benefitted.

**REFERENCES:**

1. "Menopause: Overview". PubMedHealth.
2. Takahashi, TA; Johnson, KM (May 2015). "Menopause.". The Medical clinics of North America.
3. "What is menopause?" - Eunice Kennedy Shriver National Institute of Child Health and Human Development.
4. Menopause : a biocultural perspective - Sievert, Lynnette Leidy (2006).
5. International position paper on women's health and menopause : a comprehensive approach. DIANE Publishing. 2002.
6. "What are the symptoms of menopause?" - Eunice Kennedy Shriver National Institute of Child Health and Human Development..
7. "What causes menopause?"- Eunice Kennedy Shriver National Institute of Child Health and Human Development.
8. Singh, M. and Kaushik, S. S. A comparison of relaxation, meditation and cognitive therapy for enhancing stress-coping skills of depression at risk middle aged women. Indian Journal of Clinical Psychology, 2000.
9. Culture Medicine & Psychiatry, 10, 47-71. Biri, A., Bakar, C., Maral, M., Karabacak, O., & Bumin, M. A. (2005).
10. Menopausal symptoms in urban women. JK Science, 9, 13-17. Sherwin, B. B. (1991)